



"Integrity...Fairness...Service"

# BALTIMORE COUNTY POLICE DEPARTMENT

## RETIREE CERTIFICATION FORM

**Please note:** Please list your preferred date & time at the bottom of this form. We cannot guarantee that your range date will coincide with your expiration date. Upon approval of your application you be notified by email of your qualification date. Qualification slots are available on a first come, first serve basis.

POLICE ID NUMBER		DATE OF RETIREMENT		CURRENT HANDGUN PERMIT (IF YES PROVIDE PERMIT STATE AND NUMBER) <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: MD #:		LEOSA EXPIRATION DATE	
LAST NAME : PLEASE TYPE OR PRINT CLEARLY			FIRST NAME			MIDDLE NAME	
E-MAIL ADDRESS							
STREET ADDRESS							
CITY/COUNTY				STATE		ZIP CODE	
ALTERNATE ADDRESS				CITY/COUNTY		STATE ZIP CODE	
SEX		RACE		DOB		DRIVER'S LICENSE NUMBER & STATE	
PLACE OF BIRTH (CITY/STATE/COUNTRY)			HOME PHONE NUMBER & CELL PHONE NUMBER			WORK PHONE NUMBER	
1. HAVE YOU EVER BEEN SERVED WITH AN EX-PARTE OR PROTECTION ORDER FOR DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
2. HAVE YOU EVER BEEN CHARGED WITH, ARRESTED FOR, OR CONVICTED OF ANY VIOLATION OF CRIMINAL LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO							
3. ARE YOU CURRENTLY ON PAROLE OR PROBATION OR MANDATORY SUPERVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO							
4. HAVE YOU EVER BEEN CONFINED OR COMMITTED TO A MENTAL INSTITUTION OR HOSPITAL FOR TREATMENT OR OBSERVATION FOR A MENTAL OR PSYCHIATRIC CONDITION ON A TEMPORARY OR PERMANENT BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
5. HAVE YOU EVER BEEN ATTENDED, TREATED OR OBSERVED BY ANY MEDICAL DOCTOR, PSYCHIATRIST, HOSPITAL OR INSTITUTION, INCLUDING VOLUNTARY COMMITMENT FOR ANY MENTAL OR PSYCHIATRIC CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO							
6. ARE YOU ADDICTED TO OR HAVE YOU EVER BEEN OR ARE YOU CURRENTLY BEING TREATED FOR ALCOHOLISM, ADDICTION TO CONTROLLED DANGEROUS SUBSTANCES OR ADDICTION TO ANY DANGEROUS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>ON ATTACHED CONTINUATION PLEASE INCLUDE THE FOLLOWING:</b>							
<b>A. IF YOU ANSWER <u>YES</u> TO THE ABOVE QUESTIONS (1 - 6), PLEASE PROVIDE DETAILS INCLUDING WHEN, WHERE AND WHAT.</b>							
<b>B. GIVE FULL DETAILS OF PRIOR DENIAL, SUSPENSION, REVOCATION OR TERMINATION OF YOUR HANDGUN PERMIT, LICENSE, CERTIFICATION OR REGISTRATION IN MARYLAND OR ANY OTHER STATE OR JURISDICTION.</b>							
I DO HEREBY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND I SO INDICATE BY SIGNING BELOW. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED.							
RETIREE'S SIGNATURE						DATE	

Preferred Date: \_\_\_\_\_ Time \_\_\_\_ 2nd Choice Date: \_\_\_\_\_ Time \_\_\_\_ 3rd Choice Date: \_\_\_\_\_ Time \_\_\_\_

### RETURN COMPLETED FORM TO:

Email: LEOSA@BALTIMORECOUNTYMD.GOV  
BALTIMORE COUNTY POLICE  
FIREARMS TRAINING CENTER  
2001 DULANEY VALLEY RD.  
LUTHERVILLE, MD 21093

RETIREE CERTIFICATION FORM (Rev. 02/15; 8/2018; 12/2018; 4/2019; 2/25/2020)

### FOR POLICE DEPARTMENT USE ONLY

NCIC CHECK  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

# RETIREE CERTIFICATION FORM

## CONTINUATION

If you answer yes to any questions 1-6, please explain below

[illegible]